

Dear Parent or Guardian:

The _____ participates in the Child and Adult Care Food Program (CACFP) administered by the United States Department of Agriculture. Please help us comply with the requirements of the CACFP by completing, signing, and returning the attached statement as soon as possible. This information is necessary so that we may receive CACFP reimbursement for the meals served to the children in our program. This form will be placed in our files and treated as confidential information. All children in our program receive their meals free of charge, but the determination of eligibility category affects the amount of Federal funding received by us.

A foster child who is the legal responsibility of a welfare agency or court may be certified as eligible for free meals regardless of your household income. Please contact us for additional information if you have a foster child enrolled in our program.

If you receive food stamps or are eligible under the Food Distribution Program on Indian Reservation (FDPIR) or Aid to Families with Dependent Children (AFDC/FIP) on behalf of your child then you need to list the child's name, and either your food stamp case number, the child's AFDC/FIP case number or FDPIR number. In addition, you must sign and date the statement at the bottom of the form. A social security number is not required by the signing adult on applications when the AFDC/FIP, FDPIR, or Food Stamp numbers are listed or if the child is a foster child.

If a food stamp, FIP case number or FDPIR number is not reported, you must complete the following items on the eligibility statement: the total current household income by source, names of all household members, the signature and social security number of the adult signing the application and the date it was completed. The Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e., sharing living expenses).

The income you report must be last month's total gross household income listed by source, for each household member. If last month's income does not accurately reflect your circumstances, you may provide a projection of your annual income, and you may use last year's income as a basis for making this projection if no significant changes have occurred. If your household's income is equal to or less than the amounts indicated for your household's size on the chart below, the center will receive a higher level of reimbursement.

You are required to notify us if there is a change in household size or an increase in income which exceeds \$50 per month or \$600 per year. If you list a food stamp, FIP number or FDPIR number, you must notify us when you no longer receive food stamps, FIP or FDPIR benefits. Similarly, you should notify us if you become unemployed and the loss of income during the period of unemployment causes your family to be within the eligibility standards.

Sincerely,

Income Eligibility Guidelines
Effective 7-1-2001 to 6-30-2002
Reduce Price Meals

Household Size	<u>Reduce Price Meals</u>		
	Yearly	Monthly	Weekly
1	15,892	1,325	306
2	21,479	1,790	414
3	27,066	2,256	521
4	32,653	2,722	628
5	38,240	3,187	736
6	43,827	3,653	843
7	49,414	4,118	951
8	55,001	4,584	1,058
For each additional family member add:	+5,587	+466	+108

All meals served to children under the Child and Adult Care Food Program are served free regardless of race, color, sex, age, disability, or national origin. There is to be no discrimination in admissions policy, meal service, or the use of facilities. Any complaints of discrimination should be submitted in writing to the Secretary of Agriculture, Washington, D.C. 20250. Thank you for your cooperation.

The HAWK-I/Medicaid Information Form

Read this information and sign if you decide you **do not want** your name released to HAWK-I or Medicaid.

If your children do not have health insurance, you will be interested to know that many families getting free and reduced price meals can also get free or low-cost health insurance for their children.

The law now allows us to share your free and reduced price meal eligibility information with Medicaid and HAWK-I, the State's medical insurance program for children. Specifically, we will give them your child's name and your name and address. Medicaid and HAWK-I can only use the information to identify children who may be eligible for free or low-cost health insurance and then to contact you. They are not allowed to use the information from your free and reduced meal application for any other purpose.

You are not required to allow us to share information from your children's free and reduced price meal application with Medicaid or the HAWK-I program. It will not affect your children's eligibility for free and reduced price meals. If you do **NOT** want your information shared with Medicaid or HAWK-I, you must tell us by completing the information below at the time you complete your free/reduced application. If you want further information, you may call HAWK-I at 1-800-257-8563.

I **DO NOT** want child care officials to share information from my free and reduced price meal application with Medicaid or HAWK-I. Also, if you are already receiving Medicaid or HAWK-I, please sign below. This will avoid another contact.

Child's Name _____ Child Care Sponsor _____

Child's Name _____ Child Care Sponsor _____

Child's Name _____ Child Care Sponsor _____

Signature of Parent/Guardian _____ Date _____

Printed Name _____